FILED JAN 4 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42888

1. PLACE OF DEATH
County McDonald
Township Prairie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 315 19
Primary Registration District No. 431 51
File No.
Registered No.

2. FULL NAME Lucy Ann Jordan

(a) Residence, No. 1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Calvin P Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 27th 1857

7. AGE: Years 81 | Months 0 | Days ~~14~~ 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeping
10. Date deceased last worked at this occupation (month and year): 60 Days
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lowry City Missouri

FATHER

13. NAME: William Barnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lowry City Missouri (St Clair County)

MOTHER

15. MAIDEN NAME: Elizabeth Led Better
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Near) Nashville Tenn

17. INFORMANT (ADDRESS): Mrs Edith Fowler Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Mo DATE 2-12 1938

19. UNDERTAKER (ADDRESS): Nichols Bros Southwest City Mo

20. FILED 2-12 1938 John J Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb. 11, 1938
I last saw h. alive on Feb. 11, 1938 Death is said to have occurred on the date stated above, at 11.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance: Hypertensive Heart disease
Senility

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. E. Furnach, M. D.
(Address) Southwest City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD